PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond ction of information unless it displays a valid OMB control number. Act of 1995, no persons Application Number 10/017,746 Filing Date December 7, 2001 RANSMITTAL First Named Inventor Van Barlow FORM Art Unit 3721 Examiner Name Lopez, Michelle (to be used for all correspondence after initial filing) Attorney Docket Number 510P004 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a **Proprietary Information** Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund **Express Abandonment Request** CD, Number of CD(s)\_ Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Appeal Brief Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Nields & Lemack Signature Printed name Kevin S. Lemack Reg. No. 32.579 Date 2005 March 24, CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

## **TRANSMITTAL** For FY 2005

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 475.00

Complete if Known					
Application Number	10/017,746				
Filing Date	December 7, 2001				
First Named Inventor	Van Barlow				
Examiner Name	Lopez, Michelle				
Art Unit	3721				
Attorney Docket No.	510P004				

METHOD OF PAYME	NT (check al	that apply)						
			er None	Other	(please identify)		0 Tlo	
X Deposit Account	Deposit Accour	it Number:1	4-0930				& Lemack	
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FEE CALCULATION								
1. BASIC FILING, SEA	ARCH, AND	EXAMINAT	ION FEES			TION EEE	:e	
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<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Pa	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	ES						Fee (\$)	Small Entity Fee (\$)
Fee Description		1 1		ara than in	the original r	natent	50	25
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HP = highest number of total	al claims paid fo	r, if greater tha	n 20 (\$)	4 (¢)				
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3. APPLICATION SIZE	FEE		_			J :- @2	50 (\$125 for cm	nall entity)
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